DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.8	*****		*****	29.9	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	267	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	77.3	*****		*****	29.9	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.6	****	7.2			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	43.4	*****		*****	20	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	206	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	51.7	*****		*****	20	****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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BONNERS FERRY, ID 83805

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LOCATION: 7232 MAIN STREET

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DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.26	.31		*****	*****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.11	****		****	.05	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.23	****		****	.09	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	90	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
$\overline{}$	-	_	
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2010	1	11/30/2010

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		I	REQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX O	F ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45.4	*****		****	19.1	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	372	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55.8	*****		*****	19.1	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	****	*****	*****	7	****	7.2		Foi	ur Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	47.5	****		*****	< 20	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	258	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	58.4	*****		*****	< 20	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

MONITORING LOCATION "W" IS FOR EFFLUENT.

TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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Form Approved
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NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.285	.35		*****	*****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.74	****		*****	.31	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	*****		*****	.41	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

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FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

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ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	73.7	*****		*****	31	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	270	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	102.12	*****		****	31	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	8.1			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	35.7	*****		****	15	****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	320	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	49.4	*****		*****	15	****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.285	.395		*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.83	*****		*****	.35	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.45	*****		*****	.44	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88.5	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	132.1	*****		*****	43.4	*****			Three Per Month	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	****	202.6	****			Three Per Month	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	211	*****		****	61.7	*****			Three Per Month	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	42.6	*****		****	14	****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	****	235	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	47.9	*****		*****	14	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

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FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID002	0222		001-A						
PERMIT N	IUMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
MM/D	D/YYYY	1	MM/DD/YYYY						
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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.365	.41		*****	*****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1.16	****		*****	.38	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.5	*****		*****	.44	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	5	8			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	79	*****	*****			Three Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Г	ID0020222		001-A						
	PERMIT NUMBER DISCHARGE NUMI								
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	02/01/2011	7	02/28/2011						

DMR Mailing ZIP CODE:

e e

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADING	G		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	87.6	*****		*****	36.2	****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	****	186	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	99.6	*****		*****	36.2	****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	****	6.6	****	6.9			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	31.4	*****		****	13	****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	201	*****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	35.8	*****		*****	13	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

MONITORING LOCATION "W" IS FOR EFFLUENT.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
	MONIT	ORIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	02/01/2011	7	02/28/2011		

DMR Mailing ZIP CODE:

(SUBR 01)

MINOR

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONCENTRATION				FREQUENCY	•/ ····· ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.29	.33		*****	*****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	****		*****	.31	****			Monthly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****		*****	.37	*****			Monthly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.8	28			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	81	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
	ORING PERIOD					
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	129.2	*****		*****	44	*****			Twice Per Month	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	186	*****			Twice Per Month	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	179	****		*****	48.7	*****			Twice Per Month	COMP-8	
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9			5 Times Every Month	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	50	*****		*****	17	*****			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	306	*****			Monthly	COMPOS	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	62.4	****		*****	17	****			Monthly	COMPOS	
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	

TYPED OR PRINTED	Allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the				

I certify under penalty of law that this document and all attachments were prepared under my direction or

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING LOCATION "W" IS FOR EFFLUENT.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
	ORING PERIOD					
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MINOR \$

83805

(SUBR 01)

External Outfall

No Discharge

	QUA	NTITY OR LOADING QUA			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.352	.44		*****	*****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	****		****	.41	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.7	*****		****	.46	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.2	12			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	76	****	****			Twice Per Month	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2011	7	04/30/2011

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQU		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANA	LYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70.5	*****		****	32.5	*****		Mont	hly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L	Mont	hly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	32.5	*****		Mont	hly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L	Mont	hly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	86.7	*****		*****	32.5	*****		Mont	hly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L	Mont	hly	COMP-8
Н	SAMPLE MEASUREMENT	****	*****	*****	6.5	****	7.4		Four Per	Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU	Wee	kly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	36.9	****		*****	17	*****		Mont	hly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L	Mont	hly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	17	*****		Mont	hly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L	Mont	hly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	45.4	*****		*****	17	*****		Mont	hly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L	Mont	hly	COMP-8

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

MONITORING LOCATION "W" IS FOR EFFLUENT.

TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
	MONIT	ORIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	04/01/2011	1	04/30/2011		

DMR Mailing ZIP CODE:

MINOR \$

83805

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.26	.32		*****	*****	****	*****		Continuous	RCORDR	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	****	*****	*****		Continuous	RCORDR	
Chlorine, total residual	SAMPLE MEASUREMENT	.85	****		*****	.39	****			Daily	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	1.15	*****		*****	.43	*****			Daily	GRAB	
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB	
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	81	*****	*****			Monthly	CALCTD	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	84	*****	*****			Monthly	CALCTD	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

83805

MINOR

External Outfall

(SUBR 01)

No Discharge

		QUAN	NTITY OR LOADING	3		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.4	*****		*****	19.3	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	283	*****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45.1	*****		*****	19.3	****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	50	*****		*****	25	****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	338	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	58.4	*****		*****	25	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	****	mg/L		Monthly	COMP-8

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

MONITORING LOCATION "W" IS FOR EFFLUENT.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
05/01/2011	05/31/2011								

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.238	.28		*****	*****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	****		*****	.38	****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****		*****	.43	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MONIT	ORING PERIOD								
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY								

DMR Mailing ZIP CODE:

)D ¢

MINOR

External Outfall

(SUBR 01)

No Discharge

		QUAI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				O. FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	63.1	*****		*****	28.2	*****			Monthly	COMPOS	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	265	****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	69.4	*****		*****	28.2	****			Monthly	COMP-8	
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.8			5 Times Every Month	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	110.2	*****		****	49.3	****			Three Per Month	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	277	*****			Three Per Month	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	174.7	*****		*****	71	****			Three Per Month	COMP-8	
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

MONITORING LOCATION "W" IS FOR EFFLUENT.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222							
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY		MM/DD/YYYY					
06/01/2011	7	06/30/2011					

DMR Mailing ZIP CODE:

. 5

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.268	.295		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.65	****		*****	.29	*****			18 Per Month	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.55	*****		*****	.63	*****			18 Per Month	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	89	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	82.2	*****	*****			Three Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	TORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
IVIIVI/DD/TTTT	

DMR Mailing ZIP CODE:

83805

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUAN	NTITY OR LOADING	3		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32.5	*****		*****	17.2	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	257	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.8	*****		****	17.2	****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	****	7.6			Four Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	56.7	****		****	30	****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	223	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	67.5	****		****	30	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	****	mg/L		Monthly	COMP-8

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

MONITORING LOCATION "W" IS FOR EFFLUENT.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0	020222		001-A
PERMI	T NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	G PERIOD
MN	I/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.226	.27		*****	*****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.04	****		****	.02	****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.05	*****		****	.02	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.5	20			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	93.3	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2011	7	08/31/2011

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.1	*****		*****	10.6	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	****	260	****			Monthly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.1	*****		****	10.6	****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	39	*****		****	23	****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	****	190	****			Monthly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	48	*****		*****	23	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
08/01/2011	08/31/2011					

DMR Mailing ZIP CODE:

(SUBR 01)

MINOR

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.205	.25		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.03	****		****	.02	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.04	*****		*****	.02	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	88	*****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	MONITORING PERIOD					
MONII	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	51	*****		*****	25.6	*****			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	****	356	*****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	****		*****	25.6	*****			Monthly	COMP-8	
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.6			Four Per Month	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	36	*****		*****	18	*****			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	354	*****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	44	****		*****	18	*****			Monthly	COMP-8	
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Triowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONIT	ORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY	

DMR Mailing ZIP CODE:

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MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.238	.29		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.1	****		*****	.05	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.24	*****		*****	.1	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	93	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Г	ID0020222		001-A
	PERMIT NUMBER	DISCHARGE NUMBER	
Ī	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2011	7	10/31/2011

DMR Mailing ZIP CODE:

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MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION	_	NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.3	*****		*****	19.2	****			Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	291	*****			Monthly	COMP-8	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45	*****		*****	19.2	****			Monthly	COMP-8	
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
рН	SAMPLE MEASUREMENT	*****	****	*****	6.9	****	7.3			Four Per Month	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	53.4	****		*****	27	****			Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	223	*****			Monthly	COMP-8	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	63.4	*****		*****	27	****			Monthly	COMP-8	
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

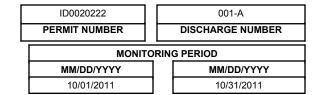
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

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MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.237	.28		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DPD MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.8	****		*****	.4	*****			29 Per Month	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	****		*****	.47	*****			29 Per Month	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	4	4			5 Times Every Month	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		5 Times Every Month	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222		001-A
PERMIT NUM	3ER	DISCHARGE NUMBER
	MONITOR	RING PERIOD
	001	1414/0000004
MM/DD/YY	YY	MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	*****		*****	22.4	*****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	95.3	****		*****	22.4	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	80	****		****	29	****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	123.3	****		****	29	****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.049			Monthly	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222		001-A		
PERMIT NUMBER	T NUMBER DISCHARGE NUMBER MONITORING PERIOD			
MONIT	ORIN	G PERIOD		
MM/DD/YYYY		MM/DD/YYYY		
	_			

DMR Mailing ZIP CODE:

CODE.

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.52	44			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.33		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****		****	.36	*****			29 Per Month	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.96	*****		*****	.46	*****			29 Per Month	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0		****	*****	*****	*****			VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	67	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	****	%		Monthly	CALCTD

·		<u> </u>
COMMENTS AND EXPLANATION	OF ANY VIOLATIONS	(Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

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Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A						
L	PERMIT NUMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
		_							

DMR Mailing ZIP CODE:

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(SUBR 01)

MINOR

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION	_	1	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27	****		****	14.8	****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	****		****	14.8	****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.3		F	our Per Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	29	****		****	16	****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	40	****		****	16	****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	18.9			Monthly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

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AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A			
PERMIT NUMBER	MIT NUMBER DISCHARGE NUMBER MONITORING PERIOD			
MONIT	ORING PERIOD			
	7			
MM/DD/YYYY	MM/DD/YYYY			

DMR Mailing ZIP CODE:

83805

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	12			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.218		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.66	*****		****	.35	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.16	*****		*****	.45	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0		****	*****	*****	*****			VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
ı	MONIT	OPIN	IG PERIOD			
- 1	III CIVII	CIVIII	G FERIOD			
Ì	MM/DD/YYYY		MM/DD/YYYY			

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	∐ NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDE
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45	****		*****	15.8	*****			Monthly	COMPOS
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32.5	****		*****	15.8	*****			Monthly	COMP-8
00310 W 0 Gee Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Η	SAMPLE MEASUREMENT	*****	*****	****	7.2	*****	7.4			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25.8	*****		*****	9	*****			Monthly	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	18.5	*****		*****	9	*****			Monthly	COMPOS
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	27.9			Monthly	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
NAME/TITLE PRINCIPAL EXECUTIVE		penalty of law that this document accordance with a system design			1			Ī	TEL	EPHONE	DATE

TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for transfer in the submitted lines.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A								
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER								
MONITORING PERIOD									
INIOINIT	ORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

83805

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.34		*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	****		*****	.36	*****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.02	*****		*****	.36	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0		*****	****	*****	*****			VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	96	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

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certify under penalty of law that this document and all attachments were prepared under my direction or

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222	001-A							
L	PERMIT NUMBER DISCHARGE NUMBE								
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	02/01/2012	7	02/29/2012						

DMR Mailing ZIP CODE:

: 83805

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42.5	****		****	21.3	****			Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55	*****		*****	21.3	*****			Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2			5 Times Every Month	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	35.9	*****		****	18	*****			Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	46.7	*****		****	18	*****			Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	27.9			Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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AREA Code

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AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MONIT	ORING PERIOD								
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY								

DMR Mailing ZIP CODE:

JODE.

MINOR \$

(SUBR 01)

External Outfall

No Discharge

							NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.31		*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	****		*****	.39	****			Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.17	*****		*****	.46	*****			Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0		*****	****	*****	*****			
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

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TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Г	ID0020222		001-A					
	PERMIT NUMBER	RMIT NUMBER DISCHARGE NUMBER						
_								
	MONIT	ORIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	03/01/2012	1	03/31/2012					

DMR Mailing ZIP CODE:

g --- - - - - - - -

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	****	*****	*****			
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54.2	****	lb/d	*****	17.6	****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	73.4	*****	lb/d	*****	17.6	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.8	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	95.9	*****	lb/d	*****	31	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	129.3	*****	lb/d	*****	31	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	27.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

achments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

04/13/2012

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222	Г	001-A						
	PERMIT NUMBER	MBER DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	03/01/2012	7	03/31/2012						

DMR Mailing ZIP CODE:

ZIP CODE.

MINOR \$

(SUBR 01)

External Outfall

No Discharge

							NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= 4	<= 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.362	MGD	****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1.08	****	lb/d	****	.37	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.67	*****	lb/d	*****	.41	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	93	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	86	****	*****	%		Once Every 2 Years	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

04/13/2012

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

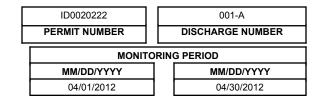
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

83805

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUAI	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	11.8	17.3	deg C	*****	*****	****	*****		Continuous	RECORD
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	45.1	****	lb/d	*****	18.1	****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.2	****	lb/d	*****	18.1	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	****	7.4	****	8.9	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	65.1	****	lb/d	*****	26	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	92.6	****	lb/d	*****	26	****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	****	*****	*****	20.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

significant penalties for submitting false information, including the possibility of fine and imprisonment for

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

05/09/2012

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONIT	ORING PERIOD						
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.425	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.8	*****	lb/d	****	.33	*****	mg/L		Weekly	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.4	****	lb/d	****	.39	****	mg/L		Weekly	
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	91	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	90	*****	****	%		Once Every 2 Years	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

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to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

05/09/2012

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222	001-A					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITORING PERIOD						
	MONIT	OR	RING PERIOD				
	MONIT MM/DD/YYYY	OR	RING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	16.1	20.4	deg C	****	****	****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27.9	****	lb/d	*****	12.7	****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	55.9	****	lb/d	*****	12.7	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
H	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.7	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	41.7	****	lb/d	*****	19	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	83.7	****	lb/d	*****	19	****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	David Sims	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3105	06/08/2012
TYPED OR PRINTED	Handwing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

ODE:

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.528	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.04	*****	lb/d	*****	.02	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.35	****	lb/d	*****	.08	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	*****	****	****	****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	****	94	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	David Sims	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3105	06/08/2012
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	06/01/2012	1	06/30/2012					

DMR Mailing ZIP CODE:

ZII GODE.

\$

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	17.7	21.5	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.5	****	lb/d	*****	13	****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	57.6	*****	lb/d	*****	13	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7.9	****	8.3	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	115.3	*****	lb/d	*****	38	*****	mg/L		Twice Per Month	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	217	*****	lb/d	*****	49	*****	mg/L		Twice Per Month	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	26.1	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

Recent high water in the Kootenai River required a temporary change in our waste water discharge. The river is approximately 2 feet above flood stage at this time and is expected to remain near this level until early July. At this river level, the hydraulic gradient of the outfall pipe is not sufficient to allow the effluent to be discharged properly, which has required us to start pumping the effluent from the discharge chamber. We started pumping on 6/27 and pumped until the end of June. The effluent is still receiving full treatment. The river level is approximately 13 below the top of the levees surrounding the lagoons, so the lagoons are not in danger of

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

significant penalties for submitting false information, including the possibility of fine and imprisonment for

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

07/06/2012

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

JODE.

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	1	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.531	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.18	****	lb/d	*****	.06	*****	mg/L		Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.84	*****	lb/d	*****	.19	*****	mg/L		Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	84	****	*****	%		Twice Per Month	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

TYPED OR PRINTED	Palioning violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3105	07/06/2012
	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	David Sims			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Recent high water in the Kootenai River required a temporary change in our waste water discharge. The river is approximately 2 feet above flood stage at this time and is expected to remain near this level until early July. At this river level, the hydraulic gradient of the outfall pipe is not sufficient to allow the effluent to be discharged properly, which has required us to start pumping the effluent from the discharge chamber. We started pumping on 6/27 and pumped until the end of June. The effluent is still receiving full treatment. The river level is approximately 13 below the top of the levees surrounding the lagoons, so the lagoons are not in danger of

I certify under penalty of law that this document and all attachments were prepared under my direction or

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2012	7	07/31/2012

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	24	28	deg C	*****	****	****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40.9	*****	lb/d	*****	13.3	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	58.9	****	lb/d	*****	13.3	****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	7.5	****	7.8	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	80	****	lb/d	*****	26	****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	115.1	****	lb/d	*****	26	****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.3	mg/L		Once Every 2 Years	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	David Sims	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3105	08/10/2012
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
1	MONIT	OPIN	G PERIOD
	WONT	O11111	GPERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.531	MGD	****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.33	*****	lb/d	****	.1	*****	mg/L		Daily	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	*****	lb/d	*****	.24	*****	mg/L		Daily	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	83	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	****	%		Monthly	CALCTD

significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **AUTHORIZED AGENT** TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

DATE

08/10/2012

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

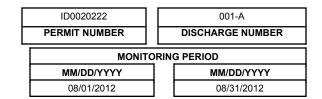
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

MINOR \$

83805

(SUBR 01)

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22	25	deg C	****	****	****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.9	*****	lb/d	*****	7.72	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.2	****	lb/d	*****	7.72	****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
PΗ	SAMPLE MEASUREMENT	****	****	****	7.5	****	8.1	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	34.7	****	lb/d	*****	18	****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	47	*****	lb/d	*****	18	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	****	13.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

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significant penalties for submitting false information, including the possibility of fine and imprisonment for

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

09/07/2012

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	08/01/2012	7	08/31/2012

DMR Mailing ZIP CODE:

83805

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= 4	<= 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.313	MGD	****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.17	****	lb/d	****	.09	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.6	*****	lb/d	*****	.23	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****	99	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	99	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

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to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

09/07/2012

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
	•
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83805

MINOR S

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	QUANTITY OR LOADING			CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	17.2	19.6	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.1	****	lb/d	*****	9.9	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	23.9	****	lb/d	*****	9.9	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	****	*****	****	7.8	*****	8.2	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40.5	****	lb/d	*****	20	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	48.2	*****	lb/d	*****	20	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	17.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	David Sims	TELEPHONE (208)267-3105 AREA Code NUMBER	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3105	10/10/2012
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	09/01/2012	1	09/30/2012				

DMR Mailing ZIP CODE:

83805

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYSIS	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.289	MGD	*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.1	****	lb/d	*****	.05	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.25	*****	lb/d	*****	.1	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	89	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

10/10/2012

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	13.1	19.3	deg C	****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.9	*****	lb/d	****	8.7	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.8	****	lb/d	*****	8.7	****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	6.7	*****	7.6	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	26	*****	lb/d	*****	12	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	35.5	*****	lb/d	*****	12	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	23.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Doug Ladely/ Operator

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

11/10/2012

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

ing Zii OODL.

(SUBR 01)

MINOR

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	< 10	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.355	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.67	****	lb/d	*****	.31	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.33	*****	lb/d	*****	.45	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	98	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	90	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

	NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	David Sims	TELEP	DATE	
	Doug Ladely/ Operator	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3105	11/10/2012
Γ	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222	Г	001-A			
L	PERMIT NUMBER	DISCHARGE NUMBER				
	MONIT	ORIN	IG PERIOD			
	MM/DD/YYYY]	MM/DD/YYYY			
	11/01/2012	7	11/30/2012			

DMR Mailing ZIP CODE:

ODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	4.8	10.3	deg C	****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50.3	*****	lb/d	****	18.4	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	75	****	lb/d	*****	18.4	****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7	*****	7.5	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	43.8	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	65.3	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	****	26	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

significant penalties for submitting false information, including the possibility of fine and imprisonment for

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

12/05/2012

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
	•
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83805

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION					CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.328	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1.09	*****	lb/d	*****	.4	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.96	*****	lb/d	*****	.48	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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NUMBER

TELEPHONE

(208)267-3105

AREA Code

David Sims

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

12/05/2012

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	12/01/2012	7	12/31/2012				

DMR Mailing ZIP CODE:

83805

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	2.7	5.4	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54.2	****	lb/d	*****	19.1	****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84.4	****	lb/d	*****	19.1	****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7.5	****	8.4	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	39.5	****	lb/d	*****	14	****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	62	****	lb/d	*****	14	****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	21.3	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

DATE

01/10/2013

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	12	#/100mL		Weekly	GRAB	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.53	MGD	****	*****	*****	*****		Continuous	RCORDR	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR	
Chlorine, total residual	SAMPLE MEASUREMENT	1.13	*****	lb/d	****	.4	*****	mg/L		Weekly	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	2.03	*****	lb/d	*****	.46	*****	mg/L		Weekly	GRAB	
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB	
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL	
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL	
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	*****	*****	%		Monthly	CALCTD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	94	****	*****	%		Monthly	CALCTD	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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(208)267-3480

AREA Code

John Griffin

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DATE

01/10/2013

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

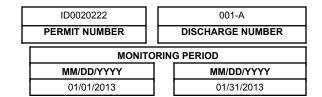
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	1.4	1.8	deg C	****	****	****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49.5	****	lb/d	*****	21.2	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56.6	*****	lb/d	****	21.2	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
H	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.5	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	42	****	lb/d	*****	18	****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	48	****	lb/d	*****	18	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	25.4	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

04/09/2013

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	ENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.9	28	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.32	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.68	*****	lb/d	****	.29	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.92	*****	lb/d	*****	.33	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	****	****	****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3480	04/09/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	TORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

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(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	3.4	4.2	deg C	****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70.4	****	lb/d	****	29.1	*****	mg/L		Once Every 4 Weeks	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	77.4	*****	lb/d	*****	29.1	*****	mg/L		Once Every 4 Weeks	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	58	****	lb/d	****	24	*****	mg/L		Once Every 4 Weeks	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	63.9	*****	lb/d	****	24	*****	mg/L		Once Every 4 Weeks	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	26.3	mg/L		Once Every 4 Weeks	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

03/08/2013

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

\$

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.319	MGD	****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.92	****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.25	*****	lb/d	*****	.47	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	74	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	87	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

significant penalties for submitting false information, including the possibility of fine and imprisonment for

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

03/08/2013

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
03/01/2013	03/31/2013									

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	3.5	6.1	deg C	*****	*****	****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	44.2	****	lb/d	*****	18.2	****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48.4	****	lb/d	*****	18.2	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	6.6	*****	8.2	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	31.4	****	lb/d	*****	13	****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	35	*****	lb/d	*****	13	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	27.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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04/09/2013

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OMB No. 2040-0004

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NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET
BONNERS FERRY, ID 83805

BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

FACILITY:

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A								
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MONITORING PERIOD									
MONITO	ORING PERIOD								
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY								

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.319	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****	lb/d	*****	.4	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.2	*****	lb/d	*****	.45	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	*****	****	****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	93	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD

	I certify under penaity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3480	04/09/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
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MM/DD/YYYY	ORING PERIOD MM/DD/YYYY								

DMR Mailing ZIP CODE:

MINOR \$

83805

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	12	16.1	deg C	*****	*****	*****	*****		Continuous	RCORDR	
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDR	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67.6	****	lb/d	*****	28.7	*****	mg/L		Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	127.1	*****	lb/d	*****	28.7	*****	mg/L		Monthly	COMP-8	
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
H	SAMPLE MEASUREMENT	****	****	****	7	****	8.3	SU		Weekly	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	89.4	*****	lb/d	*****	38	*****	mg/L		Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	168.5	*****	lb/d	*****	38	*****	mg/L		Monthly	COMP-8	
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25	mg/L		Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,	John Griffin	TELEP	DATE	
		to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	05/06/2013	
	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
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External Outfall

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		QUA	QUANTITY OR LOADING			QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	#/100mL		Weekly	GRAB	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.531	MGD	****	****	****	*****		Continuous	RCORDR	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR	
Chlorine, total residual	SAMPLE MEASUREMENT	.67	****	lb/d	****	.27	*****	mg/L		Weekly	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	1.68	*****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB	
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB	
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL	
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL	
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	CALCTD	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	65 MO AV MN	****	*****	%		Monthly	CALCTD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	84	****	*****	%		Monthly	CALCTD	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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DATE

05/06/2013

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Г	ID0020222		001-A						
	PERMIT NUMBER	DISCHARGE NUMBER							
Γ	MONITORING PERIOD								
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DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	15	28.4	deg C	*****	*****	****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	28.4	*****	lb/d	*****	12.1	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	53.5	****	lb/d	****	12.1	****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	*****	****	*****	6.6	****	7.1	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	14.2	****	lb/d	****	6	****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	26.7	****	lb/d	****	6	****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

	NAME/THEE PRINCIPAL EXECUTIVE OF FICER	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	HONE .	DATE
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NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

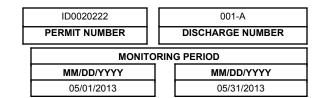
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	****	****	4.8	< 10	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.53	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.25	****	lb/d	****	.1	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.17	*****	lb/d	*****	.26	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	d/mo	****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	95	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

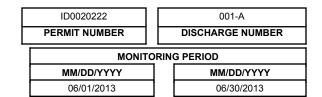
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	16.8	28.2	deg C	****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.6	****	lb/d	*****	9.3	****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40.9	****	lb/d	*****	9.3	****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	6.6	****	7.8	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	99.2	****	lb/d	*****	45	****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	199.3	*****	lb/d	*****	45	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	26.1	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

significant penalties for submitting false information, including the possibility of fine and imprisonment for

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

07/10/2013

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	< 10	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.53	MGD	****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.04	*****	lb/d	****	.02	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.18	*****	lb/d	*****	.04	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	****	****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	83	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

ļ	NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	HONE	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3480	07/10/2013
	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	22.8	24.9	deg C	****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24.2	*****	lb/d	*****	12.6	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35	****	lb/d	****	12.6	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
H	SAMPLE MEASUREMENT	****	****	*****	8	****	8.6	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	75.1	****	lb/d	****	39	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	109.3	****	lb/d	*****	39	****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	11	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3480	08/08/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

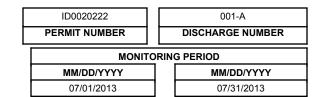
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

83805

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	5.39	24	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.337	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.02	****	lb/d	****	.01	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.03	*****	lb/d	*****	.01	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	85	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

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(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

08/08/2013

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ODING DEDICE
MONII	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

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MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	21.8	24.2	deg C	****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.9	****	lb/d	*****	8.5	****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.4	*****	lb/d	*****	8.5	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	8.1	*****	8.6	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	86.7	*****	lb/d	*****	41	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	108.4	*****	lb/d	*****	41	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	20.5	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

09/09/2013

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

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(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.316	MGD	****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.07	*****	lb/d	****	.03	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.13	*****	lb/d	*****	.05	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	80	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	****	%		Monthly	CALCTD

TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(200)20	7-3400	09/09/2013
	system, or those persons directly responsible for gathering the information, the information submitted is,		(208)26	7 2490	09/09/2013
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin			

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DATE

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83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

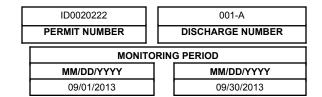
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



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External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	16.8	21.7	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.2	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60.9	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	8.1	****	8.7	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	72.8	*****	lb/d	*****	30	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	136.9	*****	lb/d	*****	36	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	y gather and age the Submitted is, are	(208)26	7-3480	11/08/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

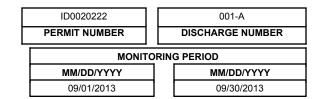
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.456	MGD	****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.15	*****	lb/d	****	.03	****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.08	*****	lb/d	*****	.04	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	*****	0	d/mo	****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	83	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3480	11/08/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ICENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	10.6	12.2	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.9	****	lb/d	*****	11.1	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	61.7	*****	lb/d	*****	11.1	*****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
H	SAMPLE MEASUREMENT	*****	*****	****	7.7	*****	8.2	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	36.7	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	****	lb/d	****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	89.2	*****	lb/d	*****	16	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.89	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3480	11/08/2013
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

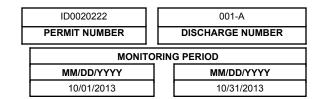
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

.....g _.. - - - - - ·

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.67	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.6	****	lb/d	*****	.26	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.67	*****	lb/d	*****	.3	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

significant penalties for submitting false information, including the possibility of fine and imprisonment for

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

11/08/2013

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222	001-A					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	11/01/2013	7	11/30/2013				

DMR Mailing ZIP CODE:

MINOR \$

83805

(SUBR 01)

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENCY FY OF ANALYSIS	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	4.5	6.7	deg C	****	****	*****	*****		Continuous	RCORDR	
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	****	*****	*****		Continuous	RCORDR	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48.6	*****	lb/d	****	20.3	****	mg/L		Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	66.72	*****	lb/d	*****	20.3	****	mg/L		Monthly	COMP-8	
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
рН	SAMPLE MEASUREMENT	****	*****	****	7.4	****	7.6	SU		Weekly	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	65.1	*****	lb/d	*****	27	****	mg/L		Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	88.4	*****	lb/d	****	27	*****	mg/L		Monthly	COMP-8	
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	****	26.9	mg/L		Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

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evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

12/10/2013

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

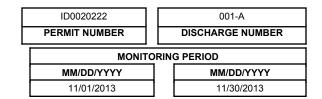
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION		OF ANALYS	FREQUENCY	-,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	#/100mL		Weekly	GRAB	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.392	MGD	*****	*****	*****	*****		Continuous	RCORDR	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR	
Chlorine, total residual	SAMPLE MEASUREMENT	.91	*****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	1.3	*****	lb/d	*****	.41	*****	mg/L		Weekly	GRAB	
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB	
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL	
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL	
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	*****	*****	%		Monthly	CALCTD	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	98	****	*****	%		Monthly	CALCTD	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	****	****	%		Monthly	CALCTD	

	significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE
TYPED OR PRINTED	with white with a second secon	AUTHORIZED AGENT

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

DATE

12/10/2013

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Γ	ID0020222	Г	001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
ı	MONIT	ODIN	NG PERIOD				
- 1	III CIVII	OKII	IG PERIOD				
Ì	MM/DD/YYYY		MM/DD/YYYY				

DMR Mailing ZIP CODE:

LIP CODE.

\$

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	1.64	2.85	deg C	*****	****	****	*****		Continuous	RCORDR	
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50.7	****	lb/d	*****	26.2	****	mg/L		Monthly	COMP-8	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	61.2	*****	lb/d	*****	26.2	****	mg/L		Monthly	COMP-8	
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
pH	SAMPLE MEASUREMENT	*****	****	*****	7.3	****	8.8	SU		Weekly	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	54.2	*****	lb/d	*****	28	****	mg/L		Monthly	COMP-8	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8	
Solids, total suspended	SAMPLE MEASUREMENT	65.1	*****	lb/d	*****	28	****	mg/L		Monthly	COMP-8	
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	30.3	mg/L		Monthly	COMP-8	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3480	01/09/2014
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Г	ID0020222		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONIT	OF	RING PERIOD					
	MONIT MM/DD/YYYY	OF	RING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.8	52	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.28	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.68	*****	lb/d	*****	.35	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.92	*****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	****	****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	92	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

TYPED OR PRINTED	Thiowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	7-3480	01/09/2014
	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin			

I certify under penalty of law that this document and all attachments were prepared under my direction or

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
01/01/2014	01/31/2014				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	1.39	1.83	deg C	*****	****	****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70	*****	lb/d	*****	30.1	*****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	80.6	****	lb/d	*****	30.1	****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Н	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.5	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	65.1	****	lb/d	*****	28	****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	75.1	*****	lb/d	*****	28	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	*****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	****	28.6	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

knowing violations.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

significant penalties for submitting false information, including the possibility of fine and imprisonment for

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

02/10/2014

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

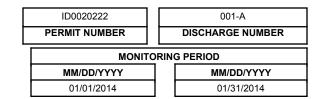
BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.59	8	#/100mL		Weekly	GRAB	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.321	MGD	*****	*****	*****	*****		Continuous	RCORDR	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	*****	*****	*****		Continuous	RCORDR	
Chlorine, total residual	SAMPLE MEASUREMENT	.09	*****	lb/d	*****	.34	*****	mg/L		Weekly	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	1	*****	lb/d	*****	.38	*****	mg/L		Weekly	GRAB	
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB	
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL	
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL	
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	92	*****	*****	%		Monthly	CALCTD	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	****	*****	%		Monthly	CALCTD	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

02/10/2014

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

ID0020222		001-A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONIT	OF	RING PERIOD					
MONIT MM/DD/YYYY	or T	RING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

· ·

MINOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	1.52	2.5	deg C	*****	*****	*****	*****		Continuous	RCORDR
00010 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. INST MAX	deg C	*****	*****	*****	*****		Continuous	RCORDR
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36	****	lb/d	****	14.1	****	mg/L		Monthly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	59.2	****	lb/d	****	14.1	****	mg/L		Monthly	COMP-8
00310 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25.9	*****	lb/d	****	10	****	mg/L		Monthly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	169 MO AVG	*****	lb/d	*****	45 MO AVG	*****	mg/L		Monthly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	41.7	*****	lb/d	****	10	*****	mg/L		Monthly	COMP-8
00530 W 0 See Comments	PERMIT REQUIREMENT	244 WKLY AVG	****	lb/d	*****	65 WKLY AVG	*****	mg/L		Monthly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	****	27.4	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8

TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

For Parameters: P = Continuous effluent monitoring shall begin within six months of the effective date of the permit W = Weekly limit

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to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

(208)267-3480

AREA Code

John Griffin

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

03/07/2014

Form Approved
OMB No. 2040-0004

83805

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BONNERS FERRY, CITY OF

ADDRESS: 7232 MAIN STREET

BONNERS FERRY, ID 83805

FACILITY: BONNERS FERRY, CITY OF - BONNERS FERRY WWTP

LOCATION: 7232 MAIN STREET

BONNERS FERRY, ID 83805

ATTN: John Griffin, Superintendent

Г	ID0020222		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONIT	00111	
	MONT	ORIN	G PERIOD
	MM/DD/YYYY		G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

ZII CODL.

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.9	28	#/100mL		Weekly	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.503	MGD	*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	.75	*****	lb/d	****	.31	*****	mg/L		Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1.9 MO AVG	*****	lb/d	*****	.5 MO AVG	*****	mg/L		Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.5	*****	lb/d	*****	.35	*****	mg/L		Weekly	GRAB
50060 W 0 See Comments	PERMIT REQUIREMENT	2.8 WKLY AVG	*****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Weekly	GRAB
Solids-flotng-visual detrmntn-# days obs	SAMPLE MEASUREMENT	****	0	d/mo	****	*****	*****	*****		Daily When Discharging	VISUAL
78246 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	d/mo	*****	*****	*****	*****		Daily When Discharging	VISUAL
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MO AV MN	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	92	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	John Griffin	TELEP	DATE	
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)267-3480		03/07/2014
	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)